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PAT	ENT APPLI	CATION I	October 1, 2	NOITANIN E00	REC	ORD	^	7	< 0000 151	209	"
	CLAII		LED - PART								_
TOTAL CLAIMS			(Column 1) (Column 2)			אַ דאַ	ALL ENT	מות כ	08 S	OTHER TH	ŧΑ
FOR .			VAIBER FILEO			1 -	RATE F			2475	FE
TOTAL CHARGEABLE CLAIMS				MUMBER EXTRA		BA	SIC FEE		OR BAS	SIC FEE	: Z
NDEPENDENT CLAIMS		7	minus 3 =			×	S 9₂		OR X	518=	$\underline{}$
MULTIPLE DEPENDENT CLAIM PE			SENT		$\overline{}$	×	43:		OR X	86=	_
If the differ	ence in column	1 IS less II	lan zero, enter			-1	45:	•	OR -2	90=	
10/2404	CLAIMS A	S AMEN	DED - PART	U in column ;	2	TO	TAL		OR TO	TAL //	_
7	(Column)))	Column	11 12) (Çokum	o 3)	SM	all ent		01	HER THA	X N
REMARKING AFTER		va l	HIGHEST NUMBER PRESENT				AD	Oi-	OR SM	ALL ENTT	_
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l'otal	REMAINING AFTER AMENDMENT		PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	1
	•	Minus	I	1_ 1				1 }		FEE	J

the entry in column 1 is less than the entry in column 2, wite "0" in column 3, the "Highest Number Previously Paid For" BHTMIS SPACE is less than 20, enter "20," the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." he "Highest Number Previously Paid For" (Total or Independent) is the highest number I

Minus

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

TOTAL ADDIT. FEE OR ADDIT. FEE ed in the appropriate box in column t.

XS 9=

X43=

+145=

P10473 AN 1003:

Independent

ME AND FIRMWARDS ORCY, U.S. DEPARTMENT OF COMMERCE

OR

ÖR

OR

X\$18=

X86=

+290=

TOTAL